



### AYURVEDIC MANAGEMENT OF ECZEMA (*VICHARCHIKA*) - A REVIEW

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#### ABSTRACT

In the *Ayurvedic* text all skin diseases were included under the *Kushtarog*. Which is classified in two divisions i.e. *Mahakushta* and *Kshudrakushta*. *Vicharchika* is described under *Kshudrakushta*. The clinical presentation of *Vicharchika* similar to Eczema in modern dermatology. Eczema (also called atopic dermatitis) is characterized by dry itchy skin with areas of poorly demarcated erythema and scale. In the acute phase eczema may be vesicular and oozing, in the chronic phase it may become hyperpigmented and lichenified (thickened). Excoriations (scratch marks) are frequently seen. The modern science has greatly advanced, particularly in dermatology but there is no specific medicaments for sure cure of eczema but symptomatic treatments like steroids are used, but they produce serious side effects like nephrotoxicity, osteoporosis, skin cancer etc. Modern pharmacology whole body. It brings a balance of body, mind and spirit. Ayurveda believes that All *Dosha* in balance is essential for well-being. offers treatment for the symptom of eczema. However, it does not provide treatment for the root. Therefore, recurrence is very common. Ayurveda offers treatment for the root of eczema by cleansing vitiated *Dosha* and balancing the *Dosha* and *Dhatus*.

**KEYWORDS:** Eczema, *Vicharchika*, *Kushtaroga*.

#### INTRODUCTION

The skin is much more than just a protective coat and encounters a high number of antigens at the interface between the body and the surrounding environment.<sup>1</sup>

Skin diseases occur all over the world at significant levels. Skin diseases affect all segments of the population without ethnic variability but are more prevalent among children and in low socioeconomic groups, essentially due to poor hygienic practices. Different studies also suggest that skin infections are more prevalent in extreme climatic conditions. Most skin infections transmit through contact<sup>2</sup>.

Atopic dermatitis (AD) is a chronic inflammatory skin disease, clinically and histologically very similar to contact dermatitis. AD can occur at any age and has a high prevalence in children. In the past years, the rising interest in this disease has been forced by its increasing prevalence in the western societies and its contribution to the worsening of health care costs<sup>3</sup>. AD offers a wide clinical spectrum ranging from minor forms presented by a few dry eczematous patches to major forms with erythematous rash<sup>4</sup>. Cardinal features of AD are erythematous eczematous skin lesions, flexural lichenifications or papules which go along with an intense pruritus and cutaneous hyperreactivity<sup>5</sup>.

The existing treatment in modern science for Eczema consists of reassurance, elimination of predisposing causes and palliative measures. It is also said that no specific medication can cure eczema, though few drugs give symptomatic relief only<sup>6</sup>. Modern dermatology employs systemic and local administration of steroids for the management of eczema<sup>7</sup>. Despite an initial response, maintenance therapies with small doses of systemic and topical glucocorticoids usually produce hazardous ill-

effects<sup>8</sup>. Similarly electrotherapy, ultraviolet therapy, hydrotherapy, X-ray therapy, etc. are having their own limitations and these therapies are neither popular nor much responding.

#### Disease Review

##### Eczema

Eczema or dermatitis is a pattern of inflammatory response of the skin which is the resultant of delayed type hypersensitivity mediated by memory T lymphocytes in the skin<sup>9</sup>. The clinical lesions may be acute (wet and edematous) or chronic (dry, thickened, and scaly), depending on the persistence of the insult<sup>10</sup>. The term eczema is broadly applied to a range of persistent or recurring skin rashes characterized by redness, skin edema, itching and dryness, with possible crusting, flaking, blistering, cracking, oozing or bleeding. Areas of temporary skin discoloration sometimes characterize healed lesions, though scarring is rare<sup>11</sup>. Long-standing eczema is often dry and is characterized by thickened, scaling skin with hyper pigmentation and visible criss. The eczemas are a disparate group of diseases, but unified by the presence of itch and, in the acute stages, of oedema (spongiosis) in the epidermis. In early disease the stratum corneum remains intact, so the eczema appears as a red, smooth, oedematous plaque. With worsening disease the oedema becomes more severe, tense blisters appear on the plaques or they may weep plasma.<sup>12</sup>

#### Classification<sup>13</sup>

##### Eczema is classified into groups:

**A. Exogenous eczemas** - are related to clearly define external triggering factors, although inherited tendencies can also play a part, this group include:

1. Irritant contact dermatitis (ICD)
2. Allergic contact dermatitis (ACD)
3. Photo-contact dermatitis
4. Eczematous polymorphic light eruption
5. Infective dermatitis
6. Dermatophytide
7. Post-traumatic eczema
8. Exanthematous drug eruption

**B. Endogenous eczema** – it implies that the condition is not a result of exogenous or external environmental factors, i.e. is mediated by processes originating within the body, include:

1. Atopic dermatitis (AD)
2. Seborrheic dermatitis
3. Asteatotic eczema
4. Discoid eczema
5. Exudative discoid and lichenoid dermatitis
6. Chronic superficial scaly dermatitis
7. Pityriasis alba
8. Hand eczema and pompholyx
9. Gravitational eczema
10. Juvenile planter dermatitis
11. Metabolic or eczema associated systemic diseases
12. Chronic hyperkeratotic palmer eczema

#### Prevalence<sup>14</sup>

A rising trend in AD has been observed in India also in last four decades. A study from Bihar reported an incidence of 0.38% of the total number of outpatient attendees. Relatively recent hospital-based studies have also determined a low prevalence both in the Northern and Eastern part of the country, the reported prevalence among dermatology outpatient department attendees being 0.42% and 0.55%, respectively. However, AD was the commonest dermatosis in children registered to a pediatric dermatology clinic where it constituted 28.46% of all registered patients. In contrast, only 0.01% (3 out of 2100) children in a South Indian study had AD. This relative rarity has been attributed to different dietary habits and climate. Certain patterns of eczema can be seen more commonly in particular age group, e.g. AD mostly in infancy and young children, discoid astestotic eczemas occurs particularly in elderly.

#### Histopathology<sup>15</sup>

##### It is according to the stage of eczema

**a. Acute form:** shows, spongiosis with formation of vesicles, acanthosis, variable infiltration of the epidermis by lymphocyte, with dense superficial lymphocytic dermal infiltration with histiocytes.

**b. Subacute form:** spongiosis diminished, increasing acanthosis, with formation of a parakeratotic horny layer, moderate dermal lymphocytic infiltrate with histiocytes and decrease epidermal infiltrate.

**c. Chronic form:** there is arthrokeratotic hyperkeratosis with areas of parakeratosis, marked acanthosis, elongation and broadening of the rete ridges, mild chronic dermal lymphocytic-histiocytic infiltrate and absence of epidermal infiltrate e.g. lichenification.

#### Pathogenesis<sup>16</sup>

Eczema has many causes, but the pathogenesis follows some common pathways. One hallmark is the activated keratinocyte. It metabolizes rapidly and this is associated with increased proliferation of basal cells and secretion of various cytokines. The epidermis contains large amounts of interleukin 1 (IL-1). This is released whenever the epidermis is damaged (e.g. by trauma, chemical irritation, and a type IV cell-mediated immune reaction; IL-8 acts as a chemotactic factor for neutrophils. It is not surprising that neutrophil infiltration (exocytosis) of the epidermis is characteristic of most eczemas.  $\gamma$ -Interferon stimulates lymphocytes to perpetuate the perivascular lymphocytic infiltrate commonly observed in eczemas of all types. Hyperproliferation causes the epidermis to thicken (acanthosis) and to scale. Cytokines cause oedema, blistering and weeping, and especially itching.

#### Sign and Symptoms

Dermatitis symptoms vary with all different forms of the condition. They range from skin rashes to bumpy rashes or including blisters. Although every type of dermatitis has different symptoms, there are certain signs that are common for all of them, including redness of the skin, swelling, itching and skin lesions with sometimes oozing and scarring. Also, the area of the skin on which the symptoms appear tends to be different with every type of dermatitis, whether on the neck, wrist, forearm, thigh or ankle. Although the location may vary, the primary symptom of this condition is itchy skin. More rarely, it may appear on the genital area, such as the vulva or scrotum<sup>17</sup>. Symptoms of this type of dermatitis may be very intense and may come and go. Irritant contact dermatitis is usually more painful than itchy. Although the symptoms of atopic dermatitis vary from person to person, the most common symptoms are dry, itchy, red skin. Typical affected skin areas include the folds of the arms, the back of the knees, wrists, face and hands. The different types of eczema have their own distinguishing marks, and these will be dealt with later; most share certain general features, which it is convenient to consider here. The absence of a sharp margin is a particularly important feature that separates eczema from most papulosquamous eruptions.

Other distinguishing features are epithelial disruption, shown by coalescing vesicles, bullae and oedematous papules on pink plaques, and a tendency for intense itching.<sup>18</sup>

#### Cause

The cause of eczema is unknown but is presumed to be a combination of genetic and environmental factors:

#### Environmental

The hygiene hypothesis postulates that the cause of asthma, eczema, and other allergic diseases is an unusually clean environment. It is supported by epidemiologic studies for asthma<sup>19</sup>. The hypothesis states that exposure to bacteria and other immune system modulators are important during development, and missing out on this exposure increases risk for asthma and allergy. While it has been suggested that eczema may sometimes be an allergic reaction to the excrement from

house dust mites, with up to 5% of people showing antibodies to the mites, the overall role this plays awaits further corroboration.<sup>20</sup>

### Genetic

A number of genes have been associated with eczema, one of which is filaggrin. Genome wide studies found three new genetic variants associated with eczema: OVOL1, ACTL9 and IL4KIF3A. Eczema occurs about three times more frequently in individuals with celiac disease and about two times more frequently in relatives of those with celiac disease, potentially indicating a genetic link between the two conditions.<sup>21</sup>

### Vicharchika Review

In the Ayurveda Eczema is considered to be a type of *Kushtha*, which is a disease of the skin. *Virruddha Ahar* causes *Agnimandya* of patients. *Agnimandya* leads to incomplete digestion and fermentation This leads to produce *Amotpatti* leading *Tridoshdushti* and *Kled* formation, due to *Ashrya- ashrayisambandh* leads to *Mansa dusti*, *Twakdusti*, *Lasikadusti* and *Raktadusti* and causes *Vicharchika*.

### Classification

The Charaka Samhita and Sushruta Samhita classify skin diseases into two categories. The *Mahakushta* (Major) and *Kshudrakushta* (Minor).<sup>22,23,24</sup>

**Table 1: Kshudra Kushta According to Brihatrayi**

Charak	Sushruta	Vagbhata
<i>Ekakushta</i>	<i>Ekakushta</i>	<i>Ekakushta</i>
<i>Charmaakhya</i>	<i>Mahakushta</i>	<i>Charmaakhya</i>
<i>Kitibha</i>	<i>Kitibha</i>	<i>Kitibha</i>
<i>Vaipaatika</i>	<i>Sidhma</i>	<i>Vaipaatika</i>
<i>Alasaka</i>	<i>Visarpa</i>	<i>Alasaka</i>
<i>Dadrumandala</i>	<i>Parisarpa</i>	<i>Sidhma</i>
<i>Charmadala</i>	<i>Charmadala</i>	<i>Charmadala</i>
<i>Paama</i>	<i>Paama</i>	<i>Paama</i>
<i>Visphota</i>	<i>Stoolarushka</i>	<i>Visphota</i>
<i>Shataaru</i>	<i>Rakasa</i>	<i>Shataaru</i>
<i>Vicharchika</i>	<i>Vicharchika</i>	<i>Vicharchika</i>

According to classical texts, *Vicharchika* has cardinal symptoms i.e. *Kandu* (Excessive itching), *Pidika* (Vesicle/Boil/Pustule), *Shyavata* (Discoloration), *Bahusrava*<sup>25</sup>, (Profuse oozing), *Lasikasrava*<sup>26</sup>, *Raji*<sup>27</sup> (Marked lining/ Lichenification), *Ruja* (Pain), *Rukshata* (Excessive dryness). *Vicharchika* is *Kapha pradhana tridoshaja vyadhi*<sup>28</sup> and *Rasa (Twak)*, *Rakta*, *Mamsa* and *Kleda (Ambu)*<sup>29</sup> are *Dushya* of it. The main causative factor for all the *Roga* is *Agnimandhya*.<sup>30</sup>

### Purva Roop (Prodromal Symptoms)<sup>31</sup>

1. As enumerated in the Charaka Samhita, the prodromal symptoms include.
2. Loss of touch sensation
3. Excessive or no perspiration
4. Deranged complexion
5. Appearance of rashes, itching piercing pain, exertion,

6. Exhaustion and excessive pain in wounds.

### Roop (Symptoms)

The Sushruta Samhita defines *Vicharchikas* "excessive pain and itching"<sup>32</sup>, the Charak Samhita describe *Vicharchika* in a slightly different way "It consists of pimples which are itchy, blackish, and with excessive discharge"<sup>33</sup>.

1. **Kandu**-It is a condition of severe itching and is most distressful symptom.
2. **Pidika**-In Charak it has been explained that, when the vitiated *Pitta* gets accumulated in *Twacha* and *Rakta* creates inflammation and redness then it is known as *Pidika*.
3. **Srava**- Acharya Charak described *Bahusrava* meaning profuse discharge.
4. **Shyava**- this is characteristic feature of the lesions of *Vicharchika*.
5. **Raji**- Sushruta has described this symptom. *Raji* means linings. *Raji* is caused by vitiated *Vata*.
6. **Rukshata**- It indicates the dryness in the lesion.
7. **Ruja**- *Ruja* means *Vedna* i.e. pain to the patient due to chronic nature of the disease.

### Nidaan<sup>34</sup>

- In compatible foods and drinks
- Watery and fatty food
- Uncooked food and overeating
- Fish, salty and sour foods, black gram
- Suppress the urges of vomiting
- Heavy physical exercise
- Improper method of administering *Panchakarma*
- Over indulgence in sexual intercourse
- Exposure to heat immediately after taking food

### Samprapti

Acharya's have described the *Samprapti* for *Kushta* in general, is taken as follow *Vicharchika* also. According to Charak samhita due to various *Nidan sevana*, *Tridosha* gets vitiated simultaneously & produce *Shaithilya* in the *Twak*, *Mamsa*, *Rakta* and *Ambu*. Than *Tridosha* gets seated in *Shithilya dhatu* and vitiating them with *Lakshanotpatti* of *Kushta Roga*.<sup>35</sup>

The pathogenesis involved in the manifestation of *Kushta Roga* in general and *Vicharchika* in particular is vitiation of *Tridosha* predominantly of *Kapha Dosha*.

### Line of treatment-

As always involves more than one *Dosha*, the *Chikitsa* will be based on the presence of particular symptoms. The most aggravated symptom should be treated first. The *Ayurveda* classics advocate several line of conservative treatment for *Kushta* disease specially *Vicharchika*. Also the disease which doesn't respond to the various medical treatment are definitely of blood vitiated disorders as per *Ayurvedic* understanding. Among the *Shodhana karmas* (purificatory treatments), bloodletting is considered as the best treatment for skin diseases.

The Charak Samhita offers detailed treatment for each *Dosha* although none specifically For *Vicharchika*. In cases of *Vata* predominant *Kushta*, ghee is prescribed. For *Pitta* predominant *Kushta virechana* (purgation) followed by *Rakta mokshna* (bloodletting), and for *Kapha*



predominant *Kushtha*, *Vamana* (therapeutic vomiting) is utilized<sup>36</sup>.

Sushrut acharya put forward *Doshanusari* (according to *Doshas*) bloodletting Therapy. Acharya Sushruta categorized *Vicharchika* (dry eczema) as *Pitta pradhan Kshudra kushtha*. Two types of treatment are advised for *Kushtha*, *Shodhan* and *Shamana* Therapy<sup>37</sup>. For *Piita pradhana*, in the *Kshudra kushtha*, *Jalauka vacharana* (bloodletting by leech) is the Ideal treatment.

#### **Raktamokshan-**

Acharya Sushruta says *Rakta mokshanas* the most effective therapy in half of the body ailments. A study on the use of *Rakta mokshna*, specifically utilizing *Jalauka* (leeches), indicated a dramatic improvement of the symptoms of *Vicharchika*. Blood-letting by making use of leeches has found to be very effective in relieving the signs and symptoms of Eczema. Thus leech therapy proved to be an effective, time saving, affordable and acceptable treatment in skin diseases, especially in Eczema. According to Acharya Sushruta, if a person regularly undergoes bloodletting, he can develop resistance against all types of skin diseases<sup>38</sup>. Blood-letting is one of the ancient and important para-surgical procedures described in *Ayurveda* for treatment of various diseases. Various methods are employed for blood-letting such as the use *Shringa* (horn), *Jalauka* (leech), *Alabu* (gourd), *Prachhana* (scarification) and *Siravyadha* (vein puncture). Among them, leech therapy (blood-letting using leech) has gained greater attention globally, because of its medicinal values it possesses. Being a disease caused due to vitiated blood, the same blood-letting therapy using leeches can be advocated in case of Eczema also. The Acharya Sushruta emphasized the *Guna* of *Shring* as *Madhura* (Sweet), *Snigdha* (Oily) and *Ushna* (Hot) which made it *Vata ghana* in nature<sup>39</sup>. It is indicated in diseases which are seated at skin level or superficial. There is a clinical research obtained by K.M. Pratap, S.Dattatreya, and others. According to this study, Leeches were applied to the group of 27 patients who is suffering classical symptoms of *Vicharchika*. After minimum four setting of leech application with seven days interval, Patient experiences relief of symptoms significantly such as erythema, edema, oozing, excoriation, etc. Also, relief of symptom provided a better quality of life these patients.<sup>40</sup>

#### **Virechan karmas**

*Virechana* (systemic purification by giving purgative drug) is better for the skin diseases where *Pitta* and *Rakta* are mainly involved. According to Charak procedure of *Virechan* should be done by the use of *safed nishoth*, *Danti* root, *Triphala*<sup>41</sup>. The role of *Virechan* karma or purgation as a treatment for *Vicharchika* has also shown to be highly valuable for this condition. The use of *Koshth ashudhi* decreased the recurrence of the disease. Assistant professor Mandip and Professor Harimohan revealed by their research that oral administration of *Guduchi-Bhringaraja Rasayana* and *Shrishadi* decoction, and *Shujyadi Lepa* local application after *Virechana Karma* increased cure rate nearly 80 % in patients of *Vicharchika* significantly. Also, 91.7 % of no recurrence rate was reported. Treatment was given for 60 days. According to the research, each *Dosha* improved remarkably.<sup>42</sup>

#### **Rasayana therapy**

*Rasayana* improves tissue nutrition. Dr. Rad states that "If a person is reasonably healthy, he or she can do *Rasayana* therapy after undertaking cleansing". According to a recent clinical study by Mandip and H.M Chandola, Pt was given *Rasayana* after eight days course of bowel cleanse with *Aragvadha*, then given *Shrishadi* decoction orally and *Snuhyadi lepa* externally for treatment of eczema. This combined treatment provides 18.2 % of complete remission. However, the rate increased to 22.6 % when *Rasayana* was added to eczema treatment.<sup>43</sup>

#### **Lepas**

*Lepas* are topical treatment commonly used to address symptoms on the *Vicharchika*. Common herbs used in *Lepa* for *Vicharchika* include *Haritaki* and *vidanga*. Commonly used for the treatment of *Vicharchika* are *Guduchi*, *Tumeric*, and *Amla*, *Shatavari*, *Nimba* is the herb described as *Kushthgna* by Bhavaprakash and it is medicated oil is one of the best healing and disinfectant agents for skin diseases.<sup>44</sup>

#### **Vaman**

It is the first of the five principle therapies in *Pancha karma*. *Vamana* is considered to be the effective treatment for both *Pitta* and *Kapha* excess. Acharya Charak says that if *Kustha* affected the upper part of the body, the patient should be subjected to the procedure of *Vaman* by the use of *Madanphal*, *Mulathi*, *Parora* leaf mixed with the juice of *Neem*<sup>45</sup>. Associate professors / Gujarat University in India confirmed in their clinical study that *Vasantika Vamasa* (therapeutic emesis in spring season) can be used for preventive therapy for disease of *Kapha* origin such as psoriasis, eczema etc. On the report of their clinical study, patients were given *Vamana yoga* (medicated formula with *Madanaphala pipali* -4 parts, *Vacha*-2 parts, *Saindhava Lavana* -1part), honey-1 part) for five days in average followed by *Pashtakakarma* (Post-operative care). After the procedure, it is noted that there is significant improvement in their symptoms and condition.<sup>46</sup>

#### **Shaman chikitsa**

When a full *Shodana chikitsa* (i.e *Panchkarma*) is not possible due to weakened *Ojas* than *Vicharchika* treated by *Shaman chikitsa*. In the *Ayurvedic* text described many formulated *Yog*.

***Pathya churna***- *Haritaki* boiled in cow urine with *Haridra* paste should be taken to destroy ezema.<sup>47</sup>

***Vishtailam***- *Karanj*, *Haridra*, *Daruharidra*, *Arka*, *Taggar*, *Karveer*, *Vaca*, *Kustha*, *Aphota*, *Raktachandan*, *Jati*, *Saptparna*, *Manjistha*, *Saindhav* each 20gm and *Vatsnabh* 40gm with these oil 640ml is cooked along with four time cow urine it is very effective in *Vicharchika*.<sup>48</sup>

#### **Durvadhtailam**

Oil is cooked with four time juice of *Durva*, it destroy *Vicharchika*.<sup>49</sup>

***Chakradatt***: *Ekvinshatiguglu*, *Panchnimb churn*, *Adgajadilepa*, *Pakvasasharplepa*, *Pakkvagrihddhumadi lepa*.<sup>50</sup>

***Bhishjayaratnawali***: *Argwadhadikwath*, *Udaybhaskar ras*, *Rasmanikaya*, *Amritankur loha*, *Marichadi tail*, *Vicharchkari tail*.<sup>51</sup>

**Single Herbs****Haridra****Healing property, skin care**

Oil of turmeric and its ether and chloroform extracts have proved to be antifungal, anti-protozoan, antiviral, and antibacterial (Chattopadhyaya *et al.* 2004). In a screening for antibiotic property, turmeric showed broad-spectrum antibacterial activity (Omolooso and Vagi, 2001). Turmeric oil obtained as a by-product from curcumin manufacture was subjected to antibacterial study and found effective against *Bacillus cereus*, *Bacillus coagulans*, *Bacillus subtilis*, *Staphylococcus aureus*, *Escherichia coli*, and *Pseudomonas aeruginosa*. (Negiet *al.* 1999).

**Nimb**

Clinical studies with the dried *Neem* leaf extract indicated its effectiveness to cure eczema and scabies. Lotion derived from *Neem* leaf, when locally applied, can cure these dermatological diseases within 3–4 days in acute stage or a fortnight in chronic case<sup>52</sup>. A paste prepared with *Neem* and turmeric was found to be effective in the treatment of eczema in nearly 814 people. In 97% of cases, the paste was found to cure eczema within 3–15 days of treatment without any adverse effect.<sup>53</sup>

**Amla**

Various layers present in skin may be damaged due to UV radiation from sun is known as photo-aging which is a complex biological process. *Amla* reduce this problem due to its free radical assuaging nature. It improves skin elasticity by taken of dried *Amla* powder mixed with water.<sup>54</sup>

**Pathya-Apathya**

Rice varieties along with the *Sastika* variety of it, the meats of the animals and birds, various preparations of the cooked *Yava*- a patient of the *Kustha* should be practicing consuming these always. The meat of the animals of the country side, the marshy area and the aquatic area, sugarcane, sesame, ghee, wine, curds and milk, the habit of the sleeping by day, taking sour fruits, indulgence in sex, various preparation of flour-all of these excessively aggravate *Kapha*, *Pitta* as well as *Rakta*. Susruta addressed "patient with skin disorder should avoid the use of meat, fat, milk, curd, oil, eatables prepared from corn flour, sours, incompatible foods and overeating, uncooked foods or that which cause indigestion, foods which cause burning sensation during digestion and which increase moisture inside the tissue".

**CONCLUSION**

In the contemporary view of *Vicharchika* it can be included as eczema. Long period of treatment in form of suppressive and symptomatic (topical and systemic) are necessary in both therapies. In *Ayurved kustha* and *Kshudra Kustha* are broad concept with pointed principle of management. All aspect of treatment also describe in *vicharchika* eg. *Pathya* and *Apathya* (diet). Various drugs for systemic and local purpose in many form of drugs preparation egtablets, *Lepas*, *Rasayan* preparation, oil, qwath (decotion)etc. and special modalities for bio-

purification (*Panchkarma*) as also described. It means *Ayurvedic* management will be an effective and acceptable treatment in skin diseases, especially in Eczema.

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